Dr Siti Aishah binte Abdullah v Majlis Perubatan Malaysia

HIGH COURT (KUALA LUMPUR) — ORIGINATING MOTION NO R3–25–348 OF 2008
MOHAMAD ARIFF J
30 MARCH 2010

Professions — Medical practitioners — Removal from register of medical practitioners — Graduate obtained Sarjana Kedoktoran and registered as doctor by Malaysian Medical Council — Graduate failed to undergo professional training to earn Ijazah Kedoktoran (MD) — Whether sarjana kedoktoran approved qualification under Schedule 2 of the Medical Act 1971

The Malaysian Medical Council ('MMC') struck the appellant off its register of practitioners after conducting an enquiry under reg 31 of the Medical Regulations 1974 and finding that her degree of Sarjana Kedoktoran was not an approved registrable qualification under Schedule 2 of the Medical Act 1971. The appellant, who studied on a government scholarship in Indonesia, earned the degree after a five year academic course but, instead of completing her professional training, which would have earned her the *Ijazah Kedoktoran* (MD Degree listed under the second schedule), she returned to Malaysia to do her housemanship at the end of which she obtained full registration with the MMC, worked as a medical officer and was confirmed in service by the Public Services Commission. When she applied for provisional registration with the MMC upon returning to Malaysia she wrote her qualification as MD instead of Sarjana Kedoktoran. Her later enquiries with medical universities in Indonesia to return to complete the professional training part of her studies were futile as those bodies felt that her registration as a doctor in Malaysia made further professional training unnecessary. The appellant appealed the decision of the MMC to strike her off the register.

Held, dismissing the appeal, with no order as to costs:

(1) The facts in the appeal do not show a disregard of the rules of natural justice or a fundamental defect in the proceedings. The Appellant was given every opportunity to answer the charges against her which boiled down to having to produce evidence to show that she was a qualified person (see paras 7 & 9).

(2) The appellant was also given every opportunity to complete a degree so as to procure the relevant qualification of Ijazah Kedoktoran (see para 9)

(3) The appellant had only herself partly to blame. It was difficult to accept her version of the facts that she did not appreciate the difference between

Sarjana Kedoktoran and Ijazah Kedoktoran. She could not shelter behind a mistake on registration which was partly caused by her own action (see para 9).

(4) The Malaysian Medical Council would be derelict in performing its statutory duties and functions if the court were to allow her to practice as a doctor without being qualified as required by the Medical Act (see para 9).

(5) No order as to costs was made as the Malaysian Medical Council should itself have checked her qualification with greater stringency (see para 11).

[Bahasa Malaysia summary

Majlis Perubatan Malaysia ('MPM') membatalkan perayu daripada daftar pengamalnya selepas menjalankan suatu siasatan di bawah peraturan 31 Peraturan-Peraturan Perubatan 1974 dan mendapati bahawa ijazah sarjana kedoktorannya bukan kelayakan yang boleh didaftar yang diluluskan di bawah Jadual 2 Akta Perubatan 1971. Perayu, yang belajar atas biasiswa kerajaan di Indonesia memperoleh ijazah tersebut selepas kursus pengajian selama lima tahun tetapi, di sebalik melengkapkan latihan profesionalnya, yang membolehkannya mendapat ijazah kedoktoran (Ijazah MD yang disenaraikan di bawah jadual kedua), dia pulang ke Malaysia untuk membuat latihan perubatan yang pada penghujungnya dia memperoleh pendaftaran penuh dengan MPM, bekerja sebagai pegawai perubatan dan telah disahkan di dalam perkhidmatannya oleh Suruhanjaya Perkhidmatan Awam. Apabila dia memohon untuk pendaftaran sementara dengan MMM selepas pulang ke Malaysia dia telah menulis kelayakannya sebagai MD dan bukan Sarjana Kedoktoran. Pertanyaan kemudiannya dengan universiti perubatan di Indonesia untuk kembali untuk melengkapkan bahagian latihan profesionalnya adalah sia-sia kerana pertubuhan tersebut berpendapat bahawa pendaftarannya sebagai doktor di Malaysia menjadikan latihan profesional lanjut tidak perlu. Perayu merayu terhadap keputusan MMM untuk membatalkan pendaftarannya.

Diputuskan, menolak rayuan tanpa perintah untuk kos:

(1) Fakta-fakta di dalam rayuan tidak menunjukkan tiada pengetahuan peraturan-peraturan keadilan semulajadi atau kecacatan asas di dalam prosiding. Perayu telah diberikan kesemua peluang untuk menjawab pertuduhan terhadapnya yang membawa kepada perlunya mengemukakan keterangan untuk menunjukkan bahawa dia adalah seorang yang berkelayakan (lihat perenggan 7 & 9).

(2) Perayu juga diberikan kesemua peluang untuk melengkapkan ijazahnya untuk memperoleh kelayakan ijazah kedoktoran yang relevan (lihat perenggan 9).

(3) Perayu sendiri yang sebahagiannya bersalah. Adalah susah untuk menerima versi faktanya bahawa dia tidak mengetahui perbezaan di antara sarjana kedoktoran dan ijazah kedoktoran. Dia tidak boleh berselindung di sebalik kesilapan pada pendaftaran yang sebahagiannya disebabkan oleh tindakannya sendiri (lihat perenggan 9).

(4) MPM akan menyimpang dalam menjalankan kewajipan statutorinya dan fungsinya jika mahkamah membenarkan perayu beramal sebagai doktor tanpa kelayakan seperti yang diperlukan oleh Akta Perubatan (lihat perenggan 9).

(5) Tidak ada perintah untuk kos kerana MPM sendiri sepatutnya memeriksa kelayakan perayu dengan lebih tegas (lihat perenggan 11).]

Observation

Parties may want to seriously consider exploring the possibility of resolving the Appellant's predicament under s 14(3) of the Medical Act. The statutory formula adopted may be broad enough to allow the Minister, after consulting the Medical Council, to consider her present qualification as adequate for purposes of full registration bearing in mind the special and peculiar circumstances of the case.

Notes

For a case on removal from Register of Medical Practitioners, see 10 *Mallal's Digest* (4th Ed, 2011 Reissue) para 1801.

Cases referred to

Dr Ravindran a/l Jegasothy v Majlis Perubatan Malaysia (R 3(1)–25–201 of 2005 (refd)

General Medical Council v Spackman [1943] AC 627, HL (refd)

Ghosh v General Medical Council [2001] 1 WLR 1915, PC (refd)

Julius Libman v General Medical Council [1972] AC 217, HL (refd)

Kenneth Merall Fox v General Medical Council [1960] 1 WLR 1017, PC (refd)

Lembaga Jurutera Malaysia v Leong Pui Kun [2009] 2 MLJ 36; [2008] 6 CLJ 93, FC (refd)

Legislation referred to

Medical Act 1971 ss 14(3), 29, 29(2)(d) 29(b), (c), 30, 30(i), 31, Schedule 2
Medical Regulations 1974 reg 31

PS Ranjan (MS Dhillon & Eunice HS Ong with him) (PS Ranjan & Co) for the appellant.

Jasbeer Singh Kaura (AC Devi with him) (Jasbeer, Nur & Lee), Harjinder Kaur (Shahrizat Rashid & Lee) for the respondent.

Mohamad Ariff J:

INTRODUCTION

[1] This is an appeal by the appellant pursuant to s 31 of the Medical Act 1971 against the decision of the Malaysian Medical Council which struck off the apellant from its register. The MMC decided the appellant did not possess an approved qualification under schedule 2 of the Medical Act. Aside from the ground of not having a registrable qualification, the appellant alleges the MMC also held that she was guilty of fraud, misrepresentation and dishonesty.

[2] The facts are peculiar because the appellant was in fact registered by the MMC earlier. The appellant is a graduate of the Medical Faculty of Universitas Andalas, Padang, in Indonesia. She holds a *sarjana kedoktoran* (S Ked), which she obtained after undergoing a medical course for five years in the said university. She was in fact on a government scholarship as a student in Universitas Andalas. When she was about 25 years old and had completed her degree of Sarjana Kedoktoran, she responded to a letter written on behalf of 'Ketua Pengarah Perkhidmatan Awam' which apparently requested Malaysian medical students overseas to return to Malaysia to do their housemanship. She did just that. She returned to Malaysia and applied for provisional registration from the MMC, which he obtained. According to her, she returned to Malaysia for this purpose because of considerations of 'Bangsa Dan Negara'.

[3] She applied for provisional registration by filling in the required from ('*Borang 4*'). She wrote 'MD' in the form instead of Sarjana Kedoktoran. Her actual degree was however appended to *Borang 4*. Apparently she thought the degree of 'S Ked' was the equivalent of 'MD'.

[4] Upon a full consideration of the facts of this appeal, and the several issues raised by the appellant, the fact still remains that this appeal concerns an issue of entitlement for registration as a medical practitioner in Malaysia under the Medical Act and the Malaysian Medical Council's jurisdiction to exercise disciplinary jurisdiction over the person who 'was not at the time of its registration entitled to be registered'. The relevant section here is s 29(2)(d) of the Medical Act. The MMC exercised this jurisdiction to strike off the appellant's name from the register under s 30(i) of the Medical Act after having conducted an enquiry under reg 31 of the Medical Regulations 1974. This was the legal foundation for the disciplinary decision, not ss 29(b) or (c), with its reference to 'infamous conduct in a professional respect' or 'obtaining registration by fraud or misrepresentation'. On this basis that has been no finding of fraud or fraudulent misrepresentation in the appellant's procuring of the registration as a medical practitioner on the strength of the degree of *sarjana*

kedoktoran, which is not the registered MD degree (*ijazah kedoktoran*) as listed in the second schedule to the Medical Act. Whatever shortcomings there might be in the conduct of the disciplinary proceedings, this fact remains unaltered; she is not a qualified person by statue and therefore cannot be regarded as a person entitled to be registered.

[5] Although the preliminary investigation committee under the Rules ('PIC') conducted its preliminary investigation on the basis of her non-entitlement to registration for which the PIC had no jurisdiction, this error does not infect the validity of the action taken by the council, which made it clear to the appellant that it was not proceeding on the basis of the PIC enquiry but was undertaking its own enquiry.

[6] The law on statutory appeals from a disciplinary proceedings such as the present has been laid down in *Lembaga Jurutera Malaysia v Leong Pui Kun* [2009] 2 MLJ 36; [2008] 6 CLJ 93 (FC) which has reiterated the principle that every administrative body was a master of its own procedure and need not assume the trappings of a court, and disciplinary proceedings are in essence adversarial in nature, and as such the normal rules of evidence and procedure, as strictly applied in a court of law, do not apply to an administrative body.

[7] The case authorities also establish that an appeal such as this has to be considered on the basis of whether there has been such a disregard of the rules of natural justice, 'some defect in the conduct of enquiry' that 'may fairly be thought to have been of sufficient significance to the result' (see *Kenneth Merall Fox v General Medical Council* [1960] 1 WLR 1017; *General Medical Council v Spackman* [1943] AC 627). See also *Ghosh v General Medical Council* [2001] 1 WLR 1915, (PC)and *Julius Libman v General Medical Council* [1972] AC 217.

[8] I had occasion to incorporate these principles in this decision in the *Dr Ravindran a/l Jegasothy v Majlis Perubatan Malaysia* (R 3(1)–25–201 of 2005), and for consistency I refer to and adopt these principles on the facts of this appeal as well.

Nature of appeal under s 31

The first proposition to consider is that an appeal is the creation of statute. It follow, therefore, the exact scope of an appeal must be determined by the statutory wording of the particular Act governing it. It is therefore very necessary to consider the exact wording of s 31 of the Medical Act, and this is what it states:

31 Appeal against Orders of the Council

(1) Any person who is aggrieved by any order made in respect of him by the Council in the exercise of its disciplinary jurisdiction may appeal to the High Court, and the High Court may thereupon, affirm, reverse or vary the order appealed

against or may give such direction in the matter as it thinks proper; the cost of the appeal shall be in the discretion of the High Court.

(2) The decision of the High Court upon such appeal shall be final.

(3) The practice in relation to any such appeal shall be subject to the rules of Courts applicable in the High Court:

Provided that the High Court shall not have power to hear any appeal against an order made under section 30 unless notice of such appeal was given within one month of the service of the order and the prescribed manner.

The reference to the jurisdiction of the court 'to affirm, reverse or vary the order' or 'may give such direction in the matter as it thinks proper', is a clear pointer that this court is not concerned purely with the narrower question of review jurisdiction, where this court is allowed to consider, in the main, the decision-making process and not the merits or substance of the decision, except for very limited cases where the challenge is anchored on the standard of manifest unreasonableness or proportionality.

Governing principles

Counsel for the respondent referred me to several local cases principally relating to the approach taken by our local courts in disciplinary proceedings involving the legal profession, where a cautionary approach has been taken. A case in point is *Gana Muthusamy v LM Ong & Co* [1998] 3 MLJ 341; [1998] 4 CLJ 878 where Gopal Sri Ram stated:

It is primarily for members of the Bar to decide what amounts to conduct unbecoming of an advocate and solicitor in particular circumstances, according to standards established by members of the honourable profession. Courts must necessarily exercise caution when entertaining an appeal in which the central question is whether a particular conduct is unprofessional and cases meriting curial interference will be rare. Otherwise it will be the court and not the profession that will determine the yardstick of the professional behaviour.

Abdul Malik Ishak J (as he then was) echoed the same sentiment in *Marzaini v Majlis Peguam Malaysia* (unreported; R–17B–7 of 2006) where His Lordship declared:

Disciplinary proceedings... are designed to enable members of the same profession to decide on the fate of the fellow practitioners. This is simply because members of the same profession should know and appreciate better than anyone else the standards of conduct expected of the legal profession.

These authorities, while indicating a preference for non-interference except in rare cases, do not directly address the exact parameters of a statutory appeal, such as the appeal under s 31 of the Medical Act. For these, some useful Privy Council decisions have indicated some pointers. For instance, the Privy Council in *Kenneth Merall Fox v General Medical Council* [1960] 1 WLR 1017, which concerns an equivalent appeal under s 36 of the UK Medical Act 1956. Lord Radcliffe said:

A The terms of the statute that confers the right do not limit or qualify the appeal in any way, so that an appellant is entitled to claim that it is in a general sense nothing less than a rehearing of this case and a review of the decision. Nevertheless, an appellate court works under certain limitations which are inherent in any appeal that does not take the form, as this does not, starting the case all over again and hearing the witnesses afresh. In the High Court, where appeals to the Court of Appeal are by function by way of rehearing, there are well recognised principles which gave some measure of precedence to the decisions of the tribunal that has seen and heard the witnesses over what might otherwise be the view of facts preferred by the appellate court which has only the record of the evidence to study. It does not seem to the lordships that it is possible to find an exact analogy between the position of a Board on an appeal under the Medical Act, and the position of an appellate court dealing with an appeal either from a judge sitting with a jury or from a judge sitting alone to decide both law and fact. With the former there is no useful analogy. The decision arrived at in a hearing before the Medical Council is indeed that of a body of persons, but there is no distinction between the responsibility for deciding on the law and the responsibility for deciding on the facts... in the case of hearings before the Medical Council no judgment is, of course, delivered. There is only a finding such as we have here that 'the committee have determined that the facts alleged... in the charge have been proved to their satisfaction'. It is not possible to tell, except by inference, what has been the weight given by the committee to various items or aspects of the evidence, or what considerations of fact or law have been proved the determining ones that have led the members to arrive at the decision finally come to. Such considerations, which are unavoidable in appeals of this kind, though sometime require that the Board should take a comprehensive view of the evidence as a whole, and endeavour to form its own conclusion as to whether a proper enquiry was held and a proper finding made upon it, having regard to the rules of evidence under which the committee's proceedings are regulated. The validity of any determination by the committee is, certainly, dependent upon the performance of its statutory duty to hold a 'due enquiry' into the matter, and the Board will need to be satisfied as to this if it is challenged on an appeal. But to say that there must be due enquiry does not greatly elucidate the question unless there is some exhaustive definition of the conditions which such enquiry postulates. It has been said in an earlier case (see *General Medical Council v Spackman*) that they can have been no due enquiry if the rules of natural justice have not been observed, and this is true. At the same time it must be remembered that before there was a statutory right of appeal to the Board under the Medical Act the only way of attacking a decision of the Council was by way of certiorari proceedings or, at any rate, one of the other prerogative rates. Such proceedings are not truly by way of appeal. The court in granting or refusing the writ does not investigate the merits of the decision: its only concern is to satisfy itself that certain essential rules of procedure, which are treated by it as constituting the requirements of natural justice, have been duly observed. Their Lordships think, therefore, that it would be an undue limitation of their duties and powers in dealing with a statutory appeal to require no more for the upholding of the determination than observance of what are known as the rules of natural justice... the Board is bound to consider complaints made on an appeal to it against the background of... special regulatory provisions. It may be that in some cases an appellant will be able to show in positive terms that there has been a departure from what the rules required. In any such case the departure will be a

matter for comment and, in the absence of any actual indication of the significance or bearing that it had upon the ultimate decision, Their Lordships cannot well escape the responsibility of assessing for themselves what that significance or bearing should be taken to be. It is insufficient at this stage to guard themselves from the assumption that merely because something inconsistent with the rules can be shown to have taken place, they can have been no 'due enquiry', and the decision appealed from must necessarily be reversed... it follows that the appeal must fail unless there was some defect in the conduct of the enquiry, by way of admission or rejection of evidence or otherwise, that may fairly be thought to have been of sufficient significance to the result to invalidate the committee's decision.

Three important principles can be derived from the above passage. First, that an appeal from a disciplinary committee cannot be regarded as the same as judicial review jurisdiction. Second, the courts can reverse the decision of the committee if there is some defect in the conduct of the due enquiry which is regarded to be of sufficient significance to the result. Third, deference should be given to the decision of the committee unless there has been some sufficiently significant defect in the conduct of the enquiry. As for the third principle, in a more recent decision of the Board in *Ghosh v General Medical Council* [2001] 1 WLR 1915, the Board spoke of according 'an appropriate measure of respect' to the decision on whether a practitioner's failing amounts to serious professional conduct and what measures to take to maintain professional standards and to provide adequate protection to the public. A caveat, however, was added to the fact that the Board would not defer to the committee's judgment 'more than is warranted by the circumstances'.

A fuller elaboration of the principles to be applied appears in another Privy Council advice in *Julius Libman v General Medical Council* [1972] AC 217 where some general propositions are laid down, namely:

(1) The appeal lies of right by the statute and the terms of the statute do not limit or qualify the appeal in anyway, so that the appellant is entitled to claim that it is in a general sense nothing less than at a hearing of his case and the review of the decision.

(2) Notwithstanding the generality of the above language, the actual exercise of the jurisdiction is severely limited by the circumstances in which it can be invoked. The appeal is not by way of rehearing in the sense that the witnesses are heard afresh or the evidence gone over again... this, amongst other things, means that there is a heavy burden upon an appellant who wishes to displace the verdict on the grounds that the evidence alone makes the decision unsatisfactory.

(3) Beyond a bare statement of its findings of fact, the Disciplinary Committee does not in general give reasons for its decision as in the case of a trial in the High Court... it follows from this that the only circumstances in which an appellate court can reverse a view of the facts taken by the Disciplinary Committee would be a case where, on examination, it would appear that the Committee had misread the evidence to such an extent that they were not entitled to make a finding in the state of the evidence presented before them. … The Committee... are masters of both law and of the facts and what might amount to misdirection in law by a judge to the jury at the criminal trial... does not necessarily invalidate the committee's decision.... In the result, although the jurisdiction conferred by

A the statute is unlimited, the circumstances in which it is exercised in accordance with the rules approved by Parliament are such as to make it difficult for an Appellant to displace a finding or order of the Committee unless it can be shown that something was clearly wrong either (i) in the conduct of the trial or (ii) in the legal principles applied or (iii) unless it can be shown that the findings of the B Committee was sufficiently out of tune with the evidence to indicate with reasonable certainty that the evidence had been misread. Or, of course, an appellant can rely cumulatively or in the alternative on any combination of the three.

These propositions can be usefully adopted and applied to the facts of this instant C appeal. The questions that should be asked therefore will be whether there is something clearly wrong in the *conduct of the proceedings*, or in the *application of the legal principles*, or the *findings cannot be supported sufficiently on the evidence* to lead this court to conclude with *reasonable certainty* that the evidence has been misread.

The relevance of the rules of natural justice principles in disciplinary proceedings have D been stressed in numerous Malaysian cases. In *Rohana binti Ariffin v Universiti Sains Malaysia* [1989] 1 MLJ 487, for example, it was emphasised that while the strict procedures in courts of law may not be applicable, a disciplinary authority must still be guided by principles of fairness. See also *Raja Abdul Malek Muzaffar Shah bin Raja Shahruzzaman v Setiausaha Suruhanjaya Pasukan Polis* [1995] 1 MLJ 308, *Jerald Allen Gomez v Shencourt Sdn Bhd* [2006] 2 MLJ 343; [2006] 1 CLJ 88 and the celebrated E decision in *B Surinder Singh Kanda v The Government of Federation of Malaya* [1962] MLJ 169.

[9] Bearing in mind the above stated principles, I do not find on the facts of F this appeal such a disregard of the rules of natural justice or a fundamental defect in the proceedings. On the contrary, the appellant was given every opportunity to answer the charges against her which boils down to having to produce evidence to show that she was a qualified person. On the facts, I also find she was given every opportunity to complete a degree so as to procure the G relevant qualification of *ijazah kedoktoran*, an offer which, according to her version of the facts, she apparently did actively pursue, but apparently without success. There is some conflict of evidence on this issue; the Medical Council of course takes a position she did not pursue these offers given to her. Sadly, I must conclude that the appellant here has only herself partly to blame. She was a H student at Universitas Andalas, and it is difficult to accept her version of the facts that she did not appreciate the difference between *sarjana kedoktoran* and *ijazah kedoktoran*. She cannot now shelter behind a mistake on registration which was partly caused by her own action. The Medical Council will be derelict in performing its statutory duties and functions if this court were to I allow her to practice as a doctor without being qualified as required by the Medical Act.

[10] On the status of her being made qualified as required by the Act, I will make some observations at the conclusion of this judgment.

[11] I am therefore dismissing this appeal, but I make no order as to costs given the unfortunate circumstances of this case where the Medical Council should itself have checked her qualification with greater stringency.

OBSERVATIONS

[12] As I indicated earlier, the plight of the applicant is unfortunate, but the function of this court is to test the decision of the Medical Council against its powers under ss 29 and 30 of the Medical Act, and the conclusion I arrived at, based on acceptable principle of statutory appeals, is against reversing the Council's decision since it was not perverse and there was no fundamental disregard of the rules of natural justice or serious defect in the proceedings. In the course of submissions, more exactly towards the close of submissions by both parties, I had invited counsel to consider possibilities of a reasonable solution to this unfortunate problem which might still allow the applicant to continue to pursue a medical career as a doctor. At the moment, she is technically an unqualified person if one resorts to the list in the second schedule to the act. Nevertheless, the facts do show she had completed her housemanship training between September 1986 and September 1997. She obtained a full registration from the MMC in September 1997 and worked as a medical officer and was in fact confirmed in service by the Public Service Commission in September 1999.

[13] She is a graduate of the medical school in Universitas Andalas, Padang where a full medical course consists of two components ie the academic level and professional training period. This evidence is disclosed in the appendix F in the further affidavit by Doctor Wan Mazlan bin Mohamed Woojdy, where a letter from the *Dekan Fakultas Kedoktoran*, Universitas Andalas, Padang appears. It is made clear in this letter that the degree of S Ked (*sarjana kedoktoran*) (the equivalent of Drs Med (*doctorandus medicus*) is awarded after undergoing 154 SKS (*sistem kredit semester*). This is the academic component. Under this system, the graduate has to undergo a period of professional training (40 SKS) before the graduate can be confirmed the title of doctor. Upon completion of the professional training in a teaching hospital, the S Ked graduate will be conferred the 'ijazah doktor', whereupon he or she will be qualified to practice as a doctor. In substance, though it might not be in form, the applicant had completed a period of professional training during the housemanship in Malaysia. According to the applicant, she tried to complete her 'co-chap' (what is understood as the professional part) training in Universitas Andalas and made enquiries in 2003 for this purpose. Apparently the university took the position as she was already a registered doctor in Malaysia, she did not require to undergo the professional training in Indonesia. According to her, similar attempts to obtain a place in Universitas Air Langga and Universitas Pandjajaran were also unsuccessful on the same basis.

[14] On the evidence, Universiti Kebangsaan Malaysia was however willing to accept her as a student, but only into the third year, meaning she would then be required to spend another four years as a medical undergraduate after having spent five years at Universitas Andalas, and after having successfully completed her professional training in Malaysia! If I may be allowed to make an observation, parties may want to seriously consider exploring the possibilities of resolving this problem under s 14(3) of the Medical Act. The statutory formula adopted may be broad enough to allow the Minister, after consulting the Council, to consider her present qualification as adequate for purposes of full registration bearing in mind the special and peculiar circumstances of the applicant. I must hasten to act in this connection that these are my mere observations to place in context the peculiar circumstances of this present appeal and to impress upon the parties the human angle of this dispute beyond black-letter law.

CONCLUSION

[15] Appeal dismissed. No order as to costs.

Appeal dismissed with no order as to costs.

Reported by Ashok Kumar